

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Chiropractic Association PAC

ADDRESS (number and street)

1701 Clarendon Blvd

☐Check if different
than previously
reported. (ACC)

Arlington

VA

22209

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00102764

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☒Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 0

0 1

2 0 0 7

through

1 0

3 1

2 0 0 7

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr Mario Spoto

Signature of Treasurer

Electronically Filed by Dr Mario Spoto

Date

1 1

1 4

2 0 0 7

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Chiropractic Association PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		12146.51
(b) Cash on Hand at Beginning of Reporting Period	13350.49	
(c) Total Receipts (from Line 19)	29958.92	144191.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43309.41	156337.63
7. Total Disbursements (from Line 31)	8000.00	121028.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35309.41	35309.41
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Chiropractic Association PAC

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	20237.58	73093.83
(i) Itemized (use Schedule A)		
(ii) Unitemized	9721.34	71097.29
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	29958.92	144191.12
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	29958.92	144191.12
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29958.92	144191.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29958.92	144191.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		8000.00	119550.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	1478.22
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		8000.00	121028.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		8000.00	121028.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	29958.92	144191.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29958.92	144191.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 61

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Guy Markley, , DC
Mailing Address 1802 W Baker St

City State Zip Code
Plant City FL 33563-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Markley & Markley Chiropr-
actic

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: 26643801

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr. Harold W. Lease, , DC
Mailing Address PO Box 189

City State Zip Code
Walsh CO 81090-0189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: 26643804

Amount of Each Receipt this Period

1200.00

C. Full Name (Last, First, Middle Initial)
Dr. James Rippel, , DC
Mailing Address 1680B Benton Ln

City State Zip Code
Denham Springs LA 70726-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: 26643809

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Rebecca Brown, , DC

Mailing Address 253 Main St

City State Zip Code
Yarmouth ME 04096-6800

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: 26643810

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Dr. Virgil A Berry, , DC

Mailing Address 601 E Call St

City State Zip Code
Starke FL 32091-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: 26643811

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. Gregg Hoogeveen, , DC

Mailing Address 2206 Longo Dr Ste 208

City State Zip Code
Bellevue NE 68005-2977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: 26663683

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Theodosia Woods, , DC
Mailing Address 1289 Pacific Way

City State Zip Code
Seaside OR 97138-4360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 26697987

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Dr. David Bruno, , DC
Mailing Address 1822 Mineral Spring Ave

City State Zip Code
North Providence RI 02904-8938

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 26697997

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
Dr. Brad M. Mueller, , DC
Mailing Address 9114 W Greenfield Ave

City State Zip Code
West Allis WI 53214-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 26700937

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial) Larry Nelson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 1720 N Pinewood Dr		Transaction ID: 26700946
City Idaho Falls	State ID	Zip Code 83401-1725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Chiropractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Dr. Frank C Etlinger, , DC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1100 S Water Ave		Transaction ID: 26720892
City Gallatin	State TN	Zip Code 37066-3960
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.42
Name of Employer self	Occupation Chiropractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 152.10	

C. Full Name (Last, First, Middle Initial) Dr. Gary Spainhower, , DC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 10905 Olson Dr		Transaction ID: 26720893
City Rancho Cordova	State CA	Zip Code 95670-5659
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer self	Occupation Chiropractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

SUBTOTAL of Receipts This Page (optional)

455.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial) Dr. Mathias M Pastore, , DC Mailing Address 12300 Bermuda Crossroad Ln City State Zip Code Chester VA 23831-2352 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Chiropractor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7 Transaction ID: 26720894 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) Dr. Jenny L Wiemann, , DC Mailing Address 331A Jungermann Rd City State Zip Code Saint Peters MO 63376-5351 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Chiropractor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7 Transaction ID: 26720895 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Dr. Gary Michael Grimsley, , DC Mailing Address 22780 Three Notch Rd City State Zip Code Lexington Park MD 20653-1538 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Chiropractor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 150.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7 Transaction ID: 26720896 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. Wayne F Priest, , DC

Mailing Address PO Box 7

City State Zip Code
 Berryville AR 72616-0007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

152.10

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720897

Amount of Each Receipt this Period

30.42

B. Full Name (Last, First, Middle Initial)

Dr. Leonard F Vernon, , DC

Mailing Address 813 E Gate Dr

City State Zip Code
 Mount Laurel NJ 08054-1238

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

152.10

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720898

Amount of Each Receipt this Period

30.42

C. Full Name (Last, First, Middle Initial)

Dr. Steven A Gansen, , DC

Mailing Address 210 N Meridian St Ste 1

City State Zip Code
 Belle Plaine MN 56011-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720899

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

110.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. David B Waggoner, , DC

Mailing Address 7000 NW Expressway Ste H

City State Zip Code
Warr Acres OK 73132-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720901

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

Dr. Casey J Iverson, , DC

Mailing Address PO Box 2371

City State Zip Code
Grand Island NE 68802-2371

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720904

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Dr. Christopher Lee Sorenson, , DC

Mailing Address 102 Doctors Park

City State Zip Code
Saint Cloud MN 56303-1207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720905

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Shahrokh Shahverdi, , DC
Mailing Address 2160 N Glebe Rd

City State Zip Code
Arlington VA 22207-2262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Yousefi

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

152.10

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720910

Amount of Each Receipt this Period

30.42

B. Full Name (Last, First, Middle Initial)
Dr. Arthur Darwin Peterson, , DC
Mailing Address 3933 Spicewood Springs Rd Ste E100

City State Zip Code
Austin TX 78759-8674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720911

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
Dr. Nathaniel Ray Tuck, Jr, DC
Mailing Address 2045 N Franklin St

City State Zip Code
Christiansbrg VA 24073-1227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720913

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

100.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Bradley D Johnson, , DC

Mailing Address 304 Hillsboro St Ste D

City State Zip Code
 Oxford NC 27565-3274

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

152.10

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720914

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr. Karen A Mahlmeister, , DC

Mailing Address 134 E 15th St

City State Zip Code
 Edmond OK 73013-4303

FEC ID number of contributing federal political committee.

C

Name of Employer Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720916

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

C. Dr. Jason P Abshire, , DC

Mailing Address 913 S College Rd Ste 105

City State Zip Code
 Lafayette LA 70503-3061

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720917

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

145.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. John T Freeseaman, , DC

Mailing Address 229 N Main St

City

Gordon

State

NE

Zip Code

69343-1277

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720918

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard W Haas, , DC

Mailing Address 1403 S Federal Ave

City

Mason City

State

IA

Zip Code

50401-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720919

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. Lloyd Denton Spiers, , DC

Mailing Address 5295 Old Highway 11 Ste 3

City

Hattiesburg

State

MS

Zip Code

39402-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720920

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Irene L Parent, , DC

Mailing Address 1117 Arthur Ave

City State Zip Code
 Racine WI 53405-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720921

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Ms. Emily A Swonguer, , DC

Mailing Address 700 Lea Blvd Suite 102

City State Zip Code
 Wilmington DE 19802-2541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720932

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Steven M Crotzer, , DC

Mailing Address 27 Birch Run

City State Zip Code
 Orchard Park NY 14127-1954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720934

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

141.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. Kassie Donoghue, , DC

Mailing Address 3020 E Street

City State Zip Code
 Sacramento CA 95816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720935

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

Dr. Joel A Stutzman, , DC

Mailing Address 15 Industrial Blvd Ste 202

City State Zip Code
 Paoli PA 19301-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720938

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Dr. Ryan L Bowman, , DC

Mailing Address 2501 N Dodge St

City State Zip Code
 Iowa City IA 52245-9556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720939

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Scott F Cook, , DC

Mailing Address 4112 Austin Bluffs Pkwy

City State Zip Code
Colorado Springs CO 80918-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720951

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Shannon W Barger, , DC

Mailing Address 146 Walnut St

City State Zip Code
Lawrenceburg IN 47025-1892

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

152.10

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720954

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dr. Audie George Klingler, , DC

Mailing Address 203 Greene St

City State Zip Code
Cumberland MD 21502-2877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720959

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

115.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 61

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert D Mastronardi, , DC

Mailing Address 78 Post Rd

City

Warwick

State

RI

Zip Code

02888-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720960

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. H William Wolfson, , DC

Mailing Address 131 Parkway Dr N

City

Commack

State

NY

Zip Code

11725-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720962

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas D Worden, , DC

Mailing Address 78 Deer Hill Ave

City

Danbury

State

CT

Zip Code

06810-7938

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720964

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 61

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. Michael K Taylor, , DC

Mailing Address 3808 E 51st St

City State Zip Code
 Tulsa OK 74135-3615

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720965

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

Dr. Carol C Grant, , DC

Mailing Address 1601 Meridan Wtby Tpk

City State Zip Code
 Milldale CT 06467-0792

FEC ID number of contributing federal political committee.

C

Name of Employer Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720966

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

Dr. Albert R Kalter, , DC

Mailing Address 400 Washington St Ste 102

City State Zip Code
 Braintree MA 02184-4764

FEC ID number of contributing federal political committee.

C

Name of Employer Braintree Chiropractic

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720968

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 61

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Elizabeth Virginia Kautz Koch, , DC

Mailing Address PO Box 246

City

Crimora

State

VA

Zip Code

24431-0246

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720973

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr. Lawrence Marrich, , DC

Mailing Address 3401 Carlisle Blvd NE

City

Albuquerque

State

NM

Zip Code

87110-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720974

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. Carl Richard Eyman, , DC

Mailing Address 1641 Venture Dr Ste C

City

Mount Vernon

State

OH

Zip Code

43050-7001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26720975

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

141.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Frank C Etlinger, , DC

Mailing Address 1100 S Water Ave

City State Zip Code
 Gallatin TN 37066-3960

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

182.52

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721001

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr. Gary Spainhower, , DC

Mailing Address 10905 Olson Dr

City State Zip Code
 Rancho Cordova CA 95670-5659

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721002

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr. Mathias M Pastore, , DC

Mailing Address 12300 Bermuda Crossroad Ln

City State Zip Code
 Chester VA 23831-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721008

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

105.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Jenny L Wiemann, , DC
Mailing Address 331A Jungermann Rd

City State Zip Code
Saint Peters MO 63376-5351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721009

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Dr. Gary Michael Grimsley, , DC
Mailing Address 22780 Three Notch Rd

City State Zip Code
Lexington Park MD 20653-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721010

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
Dr. Wayne F Priest, , DC

Mailing Address PO Box 7

City State Zip Code
Berryville AR 72616-0007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

182.52

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721011

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

180.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 61

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Leonard F Vernon, , DC

Mailing Address 813 E Gate Dr

City State Zip Code
 Mount Laurel NJ 08054-1238

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

182.52

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721012

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr. Steven A Gansen, , DC

Mailing Address 210 N Meridian St Ste 1

City State Zip Code
 Belle Plaine MN 56011-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721013

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. David B Waggoner, , DC

Mailing Address 7000 NW Expressway Ste H

City State Zip Code
 Warr Acres OK 73132-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721015

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Casey J Iverson, , DC

Mailing Address PO Box 2371

City

Grand Island

State

NE

Zip Code

68802-2371

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721016

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. Shahrokh Shahverdi, , DC

Mailing Address 2160 N Glebe Rd

City

Arlington

State

VA

Zip Code

22207-2262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Yousefi

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

182.52

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721017

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dr. Arthur Darwin Peterson, , DC

Mailing Address 3933 Spicewood Springs Rd Ste E100

City

Austin

State

TX

Zip Code

78759-8674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721018

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

180.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Nathaniel Ray Tuck, Jr, DC

Mailing Address 2045 N Franklin St

City

Christiansbrg

State

VA

Zip Code

24073-1227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721020

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Dr. Bradley D Johnson, , DC

Mailing Address 304 Hillsboro St Ste D

City

Oxford

State

NC

Zip Code

27565-3274

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

182.52

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721021

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dr. Karen A Mahlmeister, , DC

Mailing Address 134 E 15th St

City

Edmond

State

OK

Zip Code

73013-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721022

Amount of Each Receipt this Period

65.00

SUBTOTAL of Receipts This Page (optional)

115.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. Jason P Abshire, , DC

Mailing Address 913 S College Rd Ste 105

City State Zip Code
Lafayette LA 70503-3061

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 17 / 2007

Transaction ID: 26721023

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

Dr. John T Freeseaman, , DC

Mailing Address 229 N Main St

City State Zip Code
Gordon NE 69343-1277

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

10 / 17 / 2007

Transaction ID: 26721024

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

Dr. Richard W Haas, , DC

Mailing Address 1403 S Federal Ave

City State Zip Code
Mason City IA 50401-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 17 / 2007

Transaction ID: 26721025

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Lloyd Denton Spiers, , DC

Mailing Address 5295 Old Highway 11 Ste 3

City

Hattiesburg

State

MS

Zip Code

39402-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721026

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. Irene L Parent, , DC

Mailing Address 1117 Arthur Ave

City

Racine

State

WI

Zip Code

53405-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721027

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Ms. Emily A Swonger, , DC

Mailing Address 700 Lea Blvd Suite 102

City

Wilmington

State

DE

Zip Code

19802-2541

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721033

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

141.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Steven M Crotzer, , DC

Mailing Address 27 Birch Run

City State Zip Code
Orchard Park NY 14127-1954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721035

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

Dr. Ryan L Bowman, , DC

Mailing Address 2501 N Dodge St

City State Zip Code
Iowa City IA 52245-9556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721038

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

Scott F Cook, , DC

Mailing Address 4112 Austin Bluffs Pkwy

City State Zip Code
Colorado Springs CO 80918-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721052

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 61

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Shannon W Barger, , DC

Mailing Address 146 Walnut St

City

Lawrenceburg

State

IN

Zip Code

47025-1892

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

182.52

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721055

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr. Audie George Klingler, , DC

Mailing Address 203 Greene St

City

Cumberland

State

MD

Zip Code

21502-2877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721058

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert D Mastronardi, , DC

Mailing Address 78 Post Rd

City

Warwick

State

RI

Zip Code

02888-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721059

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. H William Wolfson, , DC
Mailing Address 131 Parkway Dr N

City State Zip Code
Commack NY 11725-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721061

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas D Worden, , DC
Mailing Address 78 Deer Hill Ave

City State Zip Code
Danbury CT 06810-7938

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721062

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael K Taylor, , DC
Mailing Address 3808 E 51st St

City State Zip Code
Tulsa OK 74135-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721063

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 61

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carol C Grant, , DC

Mailing Address 1601 Meridan Wtby Tpk

City

Milledale

State

CT

Zip Code

06467-0792

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721064

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. Albert R Kalter, , DC

Mailing Address 400 Washington St Ste 102

City

Braintree

State

MA

Zip Code

02184-4764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Braintree Chiropractic

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721066

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr. Elizabeth Virginia Kautz Koch, , DC

Mailing Address PO Box 246

City

Crimora

State

VA

Zip Code

24431-0246

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721068

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

116.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Lawrence Marrich, , DC

Mailing Address 3401 Carlisle Blvd NE

City State Zip Code
 Albuquerque NM 87110-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721069

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. Carl Richard Eyman, , DC

Mailing Address 1641 Venture Dr Ste C

City State Zip Code
 Mount Vernon OH 43050-7001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721070

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. Kassie Donoghue, , DC

Mailing Address 3020 E Street

City State Zip Code
 Sacramento CA 95816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721071

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Frank C Etlinger, , DC

Mailing Address 1100 S Water Ave

City State Zip Code
 Gallatin TN 37066-3960

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721083

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr. Gary Spainhower, , DC

Mailing Address 10905 Olson Dr

City State Zip Code
 Rancho Cordova CA 95670-5659

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721084

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr. Mathias M Pastore, , DC

Mailing Address 12300 Bermuda Crossroad Ln

City State Zip Code
 Chester VA 23831-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721085

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

105.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Jenny L Wiemann, , DC
Mailing Address 331A Jungermann Rd

City State Zip Code
Saint Peters MO 63376-5351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721086

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Dr. Gary Michael Grimsley, , DC
Mailing Address 22780 Three Notch Rd

City State Zip Code
Lexington Park MD 20653-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721087

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
Dr. Wayne F Priest, , DC
Mailing Address PO Box 7

City State Zip Code
Berryville AR 72616-0007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721088

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

180.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Leonard F Vernon, , DC

Mailing Address 813 E Gate Dr

City State Zip Code
 Mount Laurel NJ 08054-1238

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721089

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr. Steven A Gansen, , DC

Mailing Address 210 N Meridian St Ste 1

City State Zip Code
 Belle Plaine MN 56011-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721090

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. David B Waggoner, , DC

Mailing Address 7000 NW Expressway Ste H

City State Zip Code
 Warr Acres OK 73132-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721092

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Casey J Iverson, , DC

Mailing Address PO Box 2371

City

Grand Island

State

NE

Zip Code

68802-2371

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721093

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. Shahrokh Shahverdi, , DC

Mailing Address 2160 N Glebe Rd

City

Arlington

State

VA

Zip Code

22207-2262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Yousefi

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721094

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dr. Arthur Darwin Peterson, , DC

Mailing Address 3933 Spicewood Springs Rd Ste E100

City

Austin

State

TX

Zip Code

78759-8674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721095

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

180.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Nathaniel Ray Tuck, Jr, DC

Mailing Address 2045 N Franklin St

City

Christiansbrg

State

VA

Zip Code

24073-1227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721097

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Dr. Bradley D Johnson, , DC

Mailing Address 304 Hillsboro St Ste D

City

Oxford

State

NC

Zip Code

27565-3274

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721098

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dr. Karen A Mahlmeister, , DC

Mailing Address 134 E 15th St

City

Edmond

State

OK

Zip Code

73013-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721099

Amount of Each Receipt this Period

65.00

SUBTOTAL of Receipts This Page (optional)

115.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jason P Abshire, , DC

Mailing Address 913 S College Rd Ste 105

City State Zip Code
 Lafayette LA 70503-3061

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721100

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. John T Freeseaman, , DC

Mailing Address 229 N Main St

City State Zip Code
 Gordon NE 69343-1277

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721101

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard W Haas, , DC

Mailing Address 1403 S Federal Ave

City State Zip Code
 Mason City IA 50401-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721102

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Lloyd Denton Spiers, , DC

Mailing Address 5295 Old Highway 11 Ste 3

City State Zip Code
Hattiesburg MS 39402-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721104

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. Irene L Parent, , DC

Mailing Address 1117 Arthur Ave

City State Zip Code
Racine WI 53405-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721105

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Ms. Emily A Swonguer, , DC

Mailing Address 700 Lea Blvd Suite 102

City State Zip Code
Wilmington DE 19802-2541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721109

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

141.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Steven M Crotzer, , DC

Mailing Address 27 Birch Run

City State Zip Code
 Orchard Park NY 14127-1954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721111

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. Kassie Donoghue, , DC

Mailing Address 3020 E Street

City State Zip Code
 Sacramento CA 95816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721112

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Scott F Cook, , DC

Mailing Address 4112 Austin Bluffs Pkwy

City State Zip Code
 Colorado Springs CO 80918-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721120

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)

Shannon W Barger, , DC

Mailing Address 146 Walnut St

City State Zip Code
 Lawrenceburg IN 47025-1892

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721123

Amount of Each Receipt this Period

30.42

B. Full Name (Last, First, Middle Initial)

Dr. Audie George Klingler, , DC

Mailing Address 203 Greene St

City State Zip Code
 Cumberland MD 21502-2877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721126

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

Dr. Robert D Mastronardi, , DC

Mailing Address 78 Post Rd

City State Zip Code
 Warwick RI 02888-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721127

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. H William Wolfson, , DC

Mailing Address 131 Parkway Dr N

City State Zip Code
 Commack NY 11725-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721129

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael K Taylor, , DC

Mailing Address 3808 E 51st St

City State Zip Code
 Tulsa OK 74135-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721130

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. Carol C Grant, , DC

Mailing Address 1601 Meridan Wtby Tpk

City State Zip Code
 Milldale CT 06467-0792

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721131

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Albert R Kalter, , DC

Mailing Address 400 Washington St Ste 102

City State Zip Code
 Braintree MA 02184-4764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Braintree Chiropractic

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721132

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr. Elizabeth Virginia Kautz Koch, , DC

Mailing Address PO Box 246

City State Zip Code
 Crimora VA 24431-0246

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721135

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr. Lawrence Marrich, , DC

Mailing Address 3401 Carlisle Blvd NE

City State Zip Code
 Albuquerque NM 87110-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721136

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

116.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carl Richard Eyman, , DC

Mailing Address 1641 Venture Dr Ste C

City State Zip Code
 Mount Vernon OH 43050-7001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721137

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas D Worden, , DC

Mailing Address 78 Deer Hill Ave

City State Zip Code
 Danbury CT 06810-7938

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721138

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles J Thorne, , DC

Mailing Address 3 Nashua Ct Ste H

City State Zip Code
 Baltimore MD 21221-3133

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 26721140

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert D Mastronardi, , DC

Mailing Address 78 Post Rd

City

Warwick

State

RI

Zip Code

02888-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 26728462

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. J Calvin Wenger, , DC

Mailing Address 1516 Lititz Pike

City

Lancaster

State

PA

Zip Code

17601-6506

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 26728466

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas U Chasse, , DC

Mailing Address 262 Main St

City

Waterville

State

ME

Zip Code

04901-4857

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 26728468

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Daniel R Geary, , DC

Mailing Address 603 Loucks Ave

City State Zip Code
 Scottdale PA 15683-1523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 26728477

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

Dr. Craig A Ditzler, , DC

Mailing Address 3202 Governor Dr Ste 200

City State Zip Code
 San Diego CA 92122-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 26728478

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Dr. Steven J Brodar, , DC

Mailing Address 1400 S Main St

City State Zip Code
 Lexington NC 27292-2840

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 26728479

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. James J Badge, , DC

Mailing Address 5658 N 19th Ave

City State Zip Code
 Phoenix AZ 85015-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 26728480

Amount of Each Receipt this Period

1200.00

B. Full Name (Last, First, Middle Initial)

Dr. Thomas W Rook, , DC

Mailing Address 214 E De La Guerra St

City State Zip Code
 Santa Barbara CA 93101-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 26728483

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Ross S Royster, , DC

Mailing Address 2205 N Sherman Ave

City State Zip Code
 Madison WI 53704-3310

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 26728484

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. John R Zrelak, , DC

Mailing Address 414 N Orleans St Ste 207

City State Zip Code
 Chicago IL 60610-4493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 26728487

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Daniel R Geary, , DC

Mailing Address 603 Loucks Ave

City State Zip Code
 Scottsdale PA 15683-1523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 26728489

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James B Cregg, , DC

Mailing Address 9676 Campo Rd

City State Zip Code
 Spring Valley CA 91977-1251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 26728491

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. Gary W Barger, , DC

Mailing Address 806B Plaza 66 Hwy 66S

City State Zip Code
Kernersville NC 27284

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 26728493

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

Dr. Ernel F Harris, , DC

Mailing Address 1100 9th St Ste G

City State Zip Code
Vienna WV 26105-2176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 26728497

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Pamela Adan, , DC

Mailing Address 1437 Us Highway 1

City State Zip Code
Sebastian FL 32958-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 26731597

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Justin W. Bode, , DC
Mailing Address 300 Magnolia Square Ct

City State Zip Code
Aberdeen NC 28315-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 26739987

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Dr. Steven W Fors, , DC
Mailing Address 637 State Rd

City State Zip Code
Westport MA 02790-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 26739988

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
Dr. Irene L Parent, , DC
Mailing Address 1117 Arthur Ave

City State Zip Code
Racine WI 53405-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.69

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 26740406

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Shayne N Bushong, , DC

Mailing Address Chiropractic Associates
1361 Fruitville Pike

City State Zip Code
Lancaster PA 17601-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 26740407

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. Katherine S. Pulse, , DC

Mailing Address 12325 Scarsdale Blvd

City State Zip Code
Houston TX 77089-6027

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 26740408

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Dr. Rebecca Ann Brinkman, , DC

Mailing Address 8753 Yates Dr Ste 104

City State Zip Code
Westminster CO 80031-3679

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 26740414

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Daniel R Staight, , DC

Mailing Address 223 S Kenwood St

City State Zip Code
Casper WY 82601-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 26750963

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Julie K Potter, , PhD

Mailing Address 6700 W Old Shakopee Rd Apt 312

City State Zip Code
Bloomington MN 55438-2618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 26750964

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr. Dennis A Harris, , DC

Mailing Address PO Box 8038

City State Zip Code
Fort Worth TX 76124-0038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 26750969

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jeffre O Price, , DC

Mailing Address 13355 Tamiami Trl

City

North Port

State

FL

Zip Code

34287-2186

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 26750971

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. Charles M. Cochran, , DC

Mailing Address PO Box 111

City

Spencer

State

IN

Zip Code

47460-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 26750973

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Ronald E Oler, , DC

Mailing Address PO Box 845

City

Groveland

State

CA

Zip Code

95321-0845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 26750981

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Lance E Brooks, , DC

Mailing Address 10901 Downey Ave

City State Zip Code
 Downey CA 90241-3708

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 7

Transaction ID: 26750987

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey B Nowicki, , DC

Mailing Address 2211 E Lincoln Ave

City State Zip Code
 Anaheim CA 92806-4108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 7

Transaction ID: 26750989

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr. Ira L. Gluck, , DC, CCSP

Mailing Address 5667 E Grant Rd

City State Zip Code
 Tucson AZ 85712-2211

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 7

Transaction ID: 26750995

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Roger S. Redleaf, , DC

Mailing Address 95 Sockanosset Cross Rd Ste 303

City State Zip Code
Cranston RI 02920-5559

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 26750998

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. John G Schutz, , DC

Mailing Address 118 E Bremer Ave

City State Zip Code
Waverly IA 50677-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 26750999

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas M Trainer, , DC

Mailing Address 6800 78th Ave N

City State Zip Code
Brooklyn Park MN 55445-2758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 26751003

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Bruce Turino, , DC
Mailing Address 587 Washington St

City State Zip Code
Ishpeming MI 49849-1239

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 26751006

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. John F Kibby, , DC
Mailing Address 2110 Priest Bridge Dr Ste 6

City State Zip Code
Crofton MD 21114-2472

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 26751567

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert B Sheely, , DC
Mailing Address PO Box 169

City State Zip Code
Trenton OH 45067-0169

FEC ID number of contributing federal political committee.

C

Name of Employer
Dr. Robert B. Sheely, Inc.Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 26751568

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. Nicholas P Constantine, , DC

Mailing Address 312 7th St W

City State Zip Code
 Palmetto FL 34221-5207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 6 / 2 0 0 7

Transaction ID: 26751569

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Adam Hutton, , DC

Mailing Address 236 E Northwest Hwy

City State Zip Code
 Palatine IL 60067-8183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 6 / 2 0 0 7

Transaction ID: 26751570

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)

William Schmidt, , DC

Mailing Address 316 W Saint Louis St

City State Zip Code
 Hot Springs AR 71913-4406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 6 / 2 0 0 7

Transaction ID: 26751580

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Brian K Wilson, , DC

Mailing Address 3601 S Broadway

City

Englewood

State

CO

Zip Code

80113-3610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 26751582

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

20237.58

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 / 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. Abercrombie For Congress

Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005
C/O 1357 Kapiolani Blvd. Ste. 1005

City Honolulu State HI Zip Code 96814

Purpose of Disbursement
Void - Abercrombie For Congress

Candidate Name
Mr. Neil Abercrombie

Office Sought: ☒ House
☐ Senate
☐ President

State: HI District: 1

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼
2008 Primary Electio

Transaction ID: 26634042

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

-1000.00

Void - Abercrombie For Co-
ngress

Full Name (Last, First, Middle Initial)

B. Walsh For Congress Committee

Mailing Address 306 Winkworth Parkway

City Syracuse State NY Zip Code 13215

Purpose of Disbursement

Candidate Name
Mr. James Walsh

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 25

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 26744191

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement

Candidate Name
Pete Stark

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 13

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
2008 General Electio

Transaction ID: 26748743

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)

A. People For English

Mailing Address PO Box 1940

City
Erie

State
PA

Zip Code
16507

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Phil English

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 3

Transaction ID: 26748748

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Dave Weldon

Mailing Address PO Box 968

City
Melbourne

State
FL

Zip Code
32902

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Dave Weldon, M.D.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: 26748751

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. The Next Century Fund

Mailing Address 116 South Royal Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 26748649

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

8000.00